
NORTHUMBERLAND & DURHAM
MEDICAL SOCIETY.

JANUARY 12, AND FEBRUARY 9, 1882.

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NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE FOURTH MONTHLY MEETING was held in the Library of the Newcastle-upon-Tyne Infirmary, on Thursday, January 12th, 1882—the President (Dr. Eastwood) in the chair.

The following gentlemen were elected members of the Society:—

J. R. Crease, F.R.C.S. (Edin.), South Shields.

James Oliver, M.B. (Edin.), Durham.

The PRESIDENT read the following petition for presentation to Parliament respecting the working of the Vivisection Act of 1876:—

TO THE RIGHT HONOURABLE THE HOUSE OF COMMONS IN
PARLIAMENT ASSEMBLED.

The Humble Memorial of the Northumberland and Durham Medical Society, consisting of upwards of one hundred and fifty Members, Physicians and Surgeons, and meeting in the Library of the Newcastle-upon-Tyne Infirmary, sheweth—

That your Memorialists having seen and observed the working of the Act of 1876, an Act to Amend the Cruelty to Animals Act, have come to the unanimous and unavoidable conclusion that it will have the injurious effect of putting a stop to the further progress of Physiological Research in the United Kingdom.

That they desire respectfully to represent to your Honourable House that the great majority of the discoveries in Anatomy, Physiology, and Pathology, which have led to successive improvements in the Science and Art of Healing, have been made through the medium of experiments on living animals.

That such experiments are essential to further improvements in the treatment of medical and surgical diseases.

That British medical men have ever been among the foremost of those who, by such experimental observations and study, have shed undying lustre on their profession, and have in consequence been enrolled among the greatest benefactors of mankind.

That Physiological and Pathological Research, depending on vivisection, will now be banished from our country, and the fame and the beneficence attending discoveries and improvements in medical and surgical treatment will henceforth be transferred to

other countries, to which Englishmen will be compelled to resort for that instruction which hitherto they have been able to get at home.

That this will be a serious injury and a deep degradation to our country your Memorialists are fully persuaded.

Your Memorialists therefore pray your Honourable House to order such alterations to be made in the aforesaid Act as will allow that, on living animals, experiments essential to the progress of Medical Science be made by honourable and competent persons without unnecessary and vexatious restrictions, provided that pain to the subjects of experiment be minimized. And your Memorialists will ever pray, &c.

On the motion of Mr. HENRY E. ARMSTRONG, seconded by Dr. T. W. BARRON, the memorial was adopted.

Mr. T. A. H. DODD suggested that the memorial should lie on the table for signature at the next (February) meeting.

PREVALENT DISEASES OF THE DISTRICT.

Mr. HENRY E. ARMSTRONG presented the following :—

Return of Admissions to and Deaths at the Newcastle Fever Hospital during the month of December, 1881 :—

	ADMITTED.	DIED.
Smallpox	7 cases	1 case
Enteric Fever	5 „	2 cases
Typhus.....	2 „	0
Febricula	1 „	0
Totals	15	3

PATHOLOGICAL TRAY.

Dr. DRUMMOND said : Mr. President—Dr. Philipson has requested me, as he is unable to attend, to show the sections of spinal cord which stand in his name, viz., sections of cord from a case in which marked ataxia and increased knee-jerk were associated. The specimens, which are under the microscopes, were cut whilst the cord was frozen, after it had been hardened. They show, very plainly, a sclerosed condition of the lateral columns, best marked on one side (apparently the right). The lesion occupies that portion of the lateral column known as the crossed pyramidal tract. In some of the sections the posterior root zones are also somewhat degenerated, so that, in addition to the lateral sclerosis, a posterior sclerosis (locomotor ataxy) can be recognized. The sections are all from the lumbar enlargement. They demonstrate

the accuracy of the view entertained by Dr. Philipson as to the nature of the lesion, when he showed the patient at the meeting of the Society held on the 11th November, 1880.

Mr. GOYDER said: Mr. President and gentlemen—The patient from whom this brain was taken was admitted under Dr. Arnison's care, on Sunday night, the 1st of January, at 11 o'clock. He was brought in an unconscious state by the police, and was believed to have fallen upon his head from the top of a staircase, at the foot of which he was found. He was deeply comatose, pupils fixed but equal, axes of eyeballs divergent and the globes performing the purposeless wandering movements which are often noticed in coma, breathing stertorous, cheeks flapping and soft palate vibrating, blood flowing from the right ear, and great muscular rigidity of the four limbs and trunk, the head was drawn back, the arms straight, the thumbs turned in and the fists clenched, the toes pointed and drawn strongly upwards. The symptoms persisted throughout the night; serous fluid was discharged from the right ear, and the temperature rose from 107 deg. Fah. on the evening of admission, to 110 deg. Fah. on the following morning, when he died. The specimen, as removed by Dr. Drummond, shows compression and flattening of the right hemisphere by an immense clot of firmly coagulated blood poured out between the bone and the dura mater, and situated under the temporal, parietal, and part of the occipital, bones. The blood originated from the lateral sinus, torn by a fracture of the base of the skull, with the usual radiating fissures passing upwards towards the vault. The left hemisphere was the seat of contusion of brain substance with ecchymosis, &c.

Dr. DRUMMOND showed sections of the spinal cord from a well-marked case of pseudo-hypertrophic muscular paralysis, and said: The cord was taken from the body of a lad, aged 14, a patient of Dr. Peart. During life all the signs of the affection from which he suffered were marked in a typical manner, and after death the shape of the limbs and appearance of the muscles were equally distinctive. High up in the lumbar enlargement, springing from the left lateral column, was a tumour-like projection about half-an-inch long. (Fig. 1.) This tumour on section turned out to be hollow, cyst-like, and contained clear fluid. It was evidently formed in the grey matter; in some places it was almost entirely surrounded by ganglionic cells. Fig. 2, which represents a section through the tumour, shows very well the vacuity in the grey matter. Fig. 3 represents a section through the tumour high up, and fig. 4 the same at its lower extremity. In the cervical enlargement there was distinct degeneration of the lateral grey matter (fig. 5), though by no means equalling that found in the lumbar enlargement. The large ganglionic cells were normal; indeed, the only

FIG. 1.

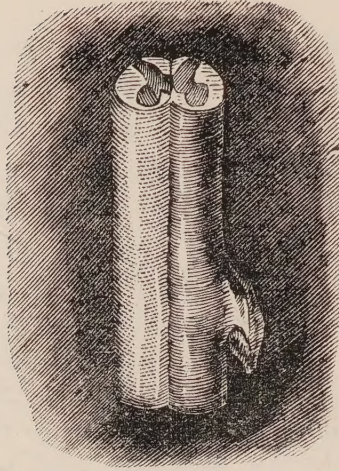


FIG. 2.

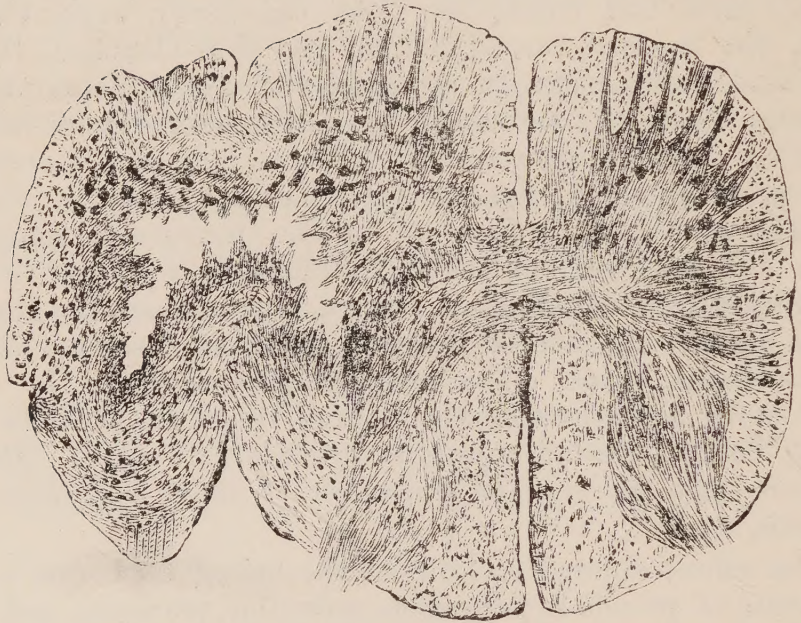


FIG. 3.

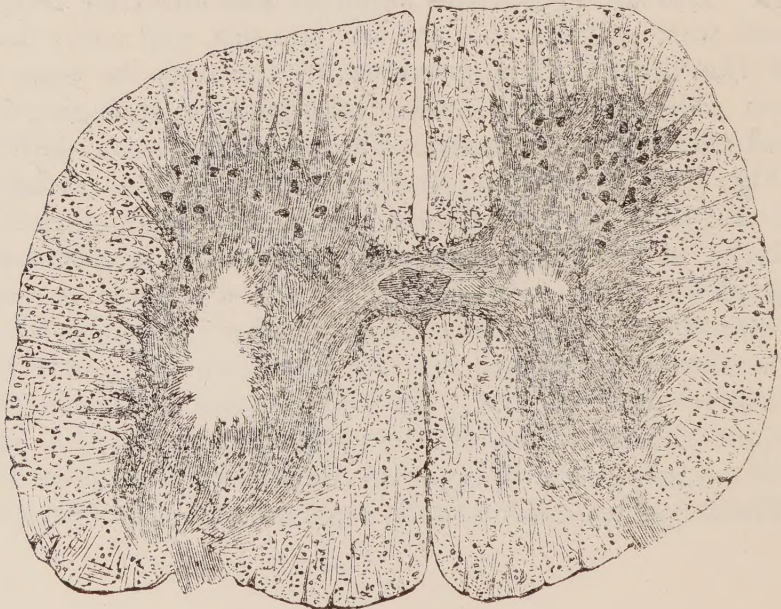


FIG. 4.

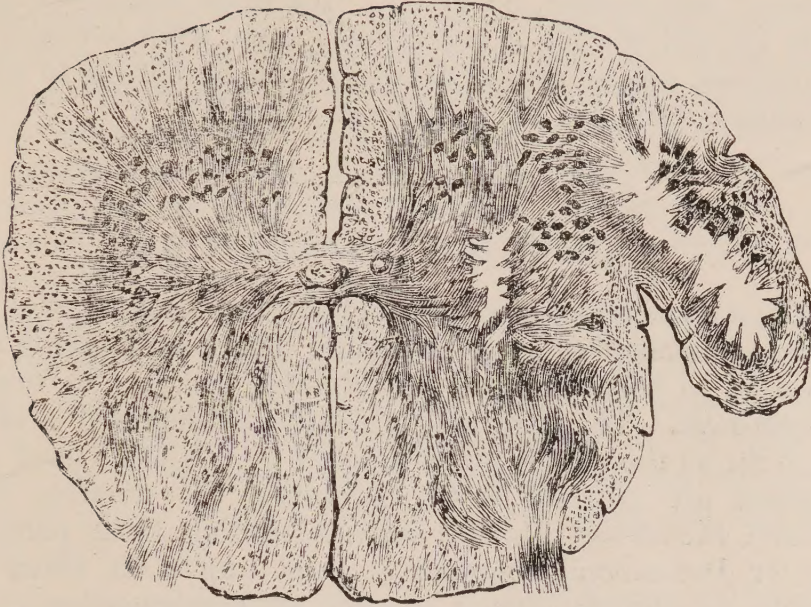
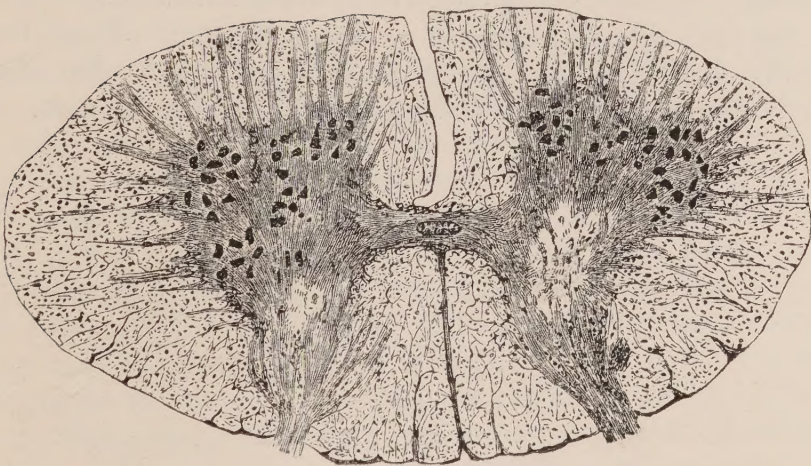


FIG. 5.



portion of the cord in which pathological changes were found was the lateral grey matter. These changes will be found to agree pretty well with a statement of Gowers in his work on "Pseudo-hypertrophic Muscular Paralysis," that, in a case which he examined with Dr. Lockhart Clarke he found "Incipient disintegration in the grey network of the lateral columns adjacent to the grey substance;" and further, he writes, "the most extensive lesion was found in the lowest part of the dorsal region, where in each lateral grey substance was an area of disintegration amounting to an actual cavity outside each posterior vesicular column."

EXHIBITION OF PATIENTS.

Dr. DRUMMOND introduced a young woman, aged 21, the subject of hysterical hemianæsthesia, and said: This case presents most of the features, so well described by Charcot, peculiar to functional hemianæsthesia. The right side is completely deprived of all sensibility, so far as the cutaneous structures go. Tactile and painful impressions are entirely lost. However, the muscles are not anæsthetic, the strong Faradic current causing great pain. This feature Dr. Drummond regarded as most important, being almost distinctive of the functional variety of hemianæsthesia. The patient exhibits a certain degree of achromatopsia of the eye on the affected side; purple is lost; other colours are simply described as appearing in darker shades than they present in fact. The left side is somewhat analgesic, a fact which corresponded with the speaker's past experience, *i.e.*, it generally happens that the anæsthesia is not strictly unilateral in its distribution, but extends to the opposite side to a greater or lesser degree. Taste is almost completely lost, hearing quite absent, and smell also absent as regards pungent substances (fifth nerve) on the right side.

TWO CASES OF OVARIOTOMY

By Dr. T. W. BARRON.

Mr. PRESIDENT AND GENTLEMEN,

In February last, I had the honour of reading the notes of a case of ovariectomy, and, at the same time, showing the tumour removed. I am happy to be able to report that my patient still enjoys good health; that she became pregnant shortly after her return home, which pregnancy, however, ended in the third or fourth month in miscarriage, followed, I believe, by rather serious flooding. She is now, however, in good health, and is, if I am not misinformed, again pregnant.

It was my original intention to show here, at the last meeting, two more ovarian tumours, but, I regret to say that, after giving notice of the cases to the Secretary, both the tumours (not the cases) were found to be too far gone for the public nose. With your permission, therefore, Mr. President, I will content myself to-night with simply reading notes of the two cases, and making a few remarks upon them.

CASE I.—Agnes L., aged 25 years, a married woman with children, was admitted into the Durham County Hospital on May the 9th of last year, suffering from an abdominal enlargement, which, on examination, was diagnosed to be an ovarian tumour. From the history of the case, and from the examination, it was judged to be a favourable case for operation. The tumour had never been tapped, and there had been little or no interference with the functions of the bowels, bladder, or womb. Accordingly, on May the 12th, I performed the operation of ovariectomy. Complete antiseptic precautions were employed in the operation, including the use of the steam spray. Chloroform was the anæsthetic used. The bladder having been emptied, an incision about four inches long was made, and the surface of the tumour exposed. The tumour was found to be multilocular. The presenting cyst having been tapped with the large trocar and cannula, and the cyst walls having been drawn forward through the wound with the vulsellum forceps attached to the large cannula and with cyst forceps, several smaller cysts were tapped, partly by means of pushing on the large trocar and cannula into the other cysts, and partly by tapping with a small trocar from the outside. There were practically no adhesions, and the removal out of the wound of the small solid base of the tumour was an easy matter. A rather long pedicle was divided by the finger into three portions, each of which was ligatured with stout carbolised whipcord. The portions of the pedicle having been divided with the scissors,

the pedicle was returned into the abdominal cavity. There was no bleeding. The wound was closed with five sutures, a drainage tube being left in the wound. This patient had a remarkably recovery; the temperature never rose above 100° ; chloroform sickness troubled her for two days but then subsided. The stitches were all removed by the 9th day, the wound being completely healed. A pad of dressing and the many-tailed flannel bandage were worn for some days as a support and protection. She began to take food by the mouth on the third day after operation. She was discharged cured on June 15th, about a month after her first admission into the hospital.

CASE II.—Miss C., aged 18 years, came under my care with an abdominal tumour about the second week in October. About a month before this she had consulted a very eminent ovariologist, who, thinking that there was still some doubt about the case, as the tumour was then much smaller, wished her to return to him in a month or two. Being advised to consult me on the case, and preferring home comforts to the discomforts of any Athens, however modern, her friends decided to entrust her to my care. Accordingly, on October 21st, the patient was put under the influence of chloroform, and, the bladder having been emptied, ovariectomy was performed. Full antiseptic precautions, including the use of the steam spray, were as usual employed. An incision of about four inches was at first made. On entering the cavity of the abdomen, the anterior surface of the tumour presented itself, and a quantity (about a pint) of pure clear ascitic fluid was found in the peritoneal cavity. This having been carefully sponged and pressed out, an attempt was made to examine the tumour, which, though presenting at the wound a small sac filled with fluid, was found to be mostly solid, almost entirely occupying the space usually occupied by the intestines. The small sac in front having been tapped with the trocar and cannula, an attempt was made to draw the tumour forward through the wound. This was found to be impossible until I had enlarged the wound so that it extended from within an inch of the pubes to quite an inch above the umbilicus. Before getting the tumour out of the wound it was found necessary to break down some adhesions, which were chiefly at the left side and posterior part of the tumour. The tumour was found to have a fair-sized pedicle, which we divided into five portions, three large and two small, the larger portions being tied with stout carbolized whipcord, and the smaller with strong catgut. The pedicle having been divided with the scissors, the stump was returned into the abdominal cavity. There was no bleeding except from the sides of the wound. The wound was closed with eight carbolized silk sutures, the edges of the curved incision round the umbilicus being carefully apposed.

Though exceedingly little blood had been lost during the operation, the patient was very low for several hours after the operation, and suffered for the first day or two from chloroform sickness. In spite of this, however, my patient had a very remarkable recovery. There never was any discharge from the wound, and the first stitch was removed on the fourth day, and the whole of the stiches were removed on the sixth day. The temperature, which was 102 degs. on the night of the operation day, never afterwards was found to be above 99·6 degs., and after the third day never above the normal. On the eighth day, the wound was dressed with boracic ointment, and the patient was up for about an hour. The patient gradually recovered strength, spirits, and flesh until convalescence was completely established, and she now expresses herself as feeling stronger and better than she ever did in her life.

The chief points of interest in the three cases which I have brought before the Society within the year, are (1) the rapidity of recovery in all; (2) the variety in age, one being 34 years, the second 25, and the third 18 years; (3) the variety in condition of life, two being married women with children, both in a poor rank of life, the other a young lady, accustomed to every luxury; (4) the variety in the form of tumour, the first being unilocular with a very small solid foundation, the second a multilocular tumour, with small amount of solid tumour, and the third a tumour with several small sacs, the body of the tumour consisting of a large solid mass; (5) the use of the stout whipcord as a ligature in all.

CASE OF RECURRENT TUMOUR OF THE BREAST.

By FREDERICK PAGE, Surgeon to the Infirmary and to the Children's Hospital, Newcastle-on-Tyne.

In February, 1877, a woman, from the neighbourhood of Haltwhistle, consulted me on account of enlargement of her left breast. She was stout and particularly healthy-looking, 30 years of age, unmarried, and accustomed to spend much of her time in the open air in the country. Twelve months before I saw her, she received a blow on the left breast from the horn of a cow she was milking. Three months after the blow she noticed an enlargement of her breast. She had no pain, but the enlargement increased, and she applied to me to relieve her from the inconvenience which the large size of her breast caused her. Upon making a free incision through the skin I found lying between the breast and the muscles of the chest, in a well-defined cellular bed, a dense ovoid tumour. It turned out of its site readily. There was very little bleeding, and the breast, which had been thrust on one side by the growth, but apparently was in no way connected with it, was replaced. The tumour weighed very nearly three pounds, and though the incision was 10 inches in length the wound healed readily. I did not see the patient again till July, 1881, and then she presented a very remarkable appearance. Over the site where the nipple of the left breast should have been there was a large ulcerated purple-coloured tumour. It was as large as the half of an ordinary-sized cocoa nut, and from its base, I might almost say in every direction, extended large keloid growths of a bright red colour. These keloid extensions involved to a considerable extent the skin over the right breast; but, as I have said, they extended in all directions, so that fully half of the anterior chest wall was involved. She told me she had undergone three other operations since I had seen her. About nine months after I removed the tumour I have mentioned another growth (weighing three pounds) was removed from the upper end of the cicatrix, the result of my operation, by Drs. Spiers and Mechan, of Haltwhistle.

The wound healed rapidly. In twelve months there was a return of disease, and the patient fell into the hands of my friend, Dr. McDougal, of Carlisle, who removed the breast and a mass of disease, which together weighed seven pounds. Again the large wound healed quickly, but, in eleven months, there was a return of the growth, and it too was removed by a surgeon who, she says, told her he could give her medicine to take which would certainly prevent any return. She evidently did not swallow enough of this elixir; for, in nine months after the operation, she returned to me presenting the appearance I have described. Notwithstanding all she had gone through, she had still the appearance of being a healthy woman. There was no glandular enlargement, no appear-

ance whatever of any deterioration of her general health. She was anxious to have the disease removed. The extent of the disease, the absolute impossibility of covering a wound so very large as that which must be made, to remove thoroughly the whole of the skin involved, made the operation a somewhat serious and doubtful procedure. I determined, however, by the advice and with the aid of my surgical colleagues, to remove freely the growth and the whole of the implicated skin. This was very readily done with but a small loss of blood. The mass removed, which I show you here, is, as you see, very considerable (4lbs. in weight), and the resulting wound was one of the largest I have ever seen made with the knife. Healing went on rapidly, and, in four months, the surface was soundly and entirely cicatrised.

Mr. Williamson has kindly made a microscopic examination of the tumour, and, as he is here this evening, I will leave a description of its minute structure to him. I am further indebted to Mr. Williamson for some very beautiful sections which he has been good enough to give me.

What the ultimate result of the case may be it is impossible to say. There is no sign of return at present; and I hope the disease has been eradicated.

I am the more inclined to indulge in the hope that this last operation has got rid of the disease, because it was followed by profuse and prolonged suppuration, and, I believe, if in removal of the mamma for cancer—the old operation of amputation of the breast—were performed in preference to the more elegant and modern one of excision, though recovery would undoubtedly be delayed, the removal would be more complete and the disease be less likely to return.

I have one word to add on the subject of the name by which I have no doubt Mr. Williamson will tell us this growth is known. I have called it simply a recurrent tumour. Formerly it would have been classed as a recurrent fibroid; now, it would be called a sarcoma. Neither of these designations seem to me to be so unobjectionable as the term I have used. It is not a fibroid, but a cellular growth, and it does not in the least resemble flesh. I cannot but think the revival of the term sarcoma and its application by Virchow to these malignant tumours, which in their histology differ from true cancers, though they resemble them closely in their clinical history, is unfortunate.

MR. WILLIAMSON said: Mr. President,—I made sections of both the superficial and deep parts of the tumour. There were no signs of degeneration, and under the microscope the structure of the tumour was that of a spindle-celled sarcoma. The cells were small and closely set. At one place where the growth was covered by skin the prickles cells of the epidermis were very beautifully shown.

NOTES OF A CASE OF HEPATIC COLIC, TREATED BY OLIVE OIL.

By T. A. DODD, M.R.C.S., Assistant-Surgeon to the Newcastle Infirmary.

Mrs. H., æt 39 years, married, first consulted me in March last year, on account of an attack of dyspepsia, which yielded to the ordinary remedies. About a month afterwards I was asked to visit her, and found her suffering from most intense spasmodic pain over the epigastric and right hypochondriac regions, accompanied with vomiting and great prostration, weak pulse, and cold perspiration.

I diagnosed it as a case of hepatic colic, and gave opium and stomachic sedatives, with the external application of turpentine stupes, belladonna and morphia suppositories, morphia by hypodermic syringe, and smeared the abdomen with ung. belladon. These remedies were tried alternately for more than a fortnight without the slightest relief to any of the symptoms. About this time she became deeply jaundiced, with all the attendant symptoms, including great pain referred to the right shoulder blade.

I now put her under a course of hyd. c̄ creta until her gums became slightly affected, but without effect. During all this time, now extending over a month, the pain, vomiting, nausea at all kinds of food, and jaundice, continued. She was becoming extremely weak, and, had she not obtained relief, must have died before many days were over.

I happened to see in one of the journals an account of the treatment of hepatic calculi by means of olive oil, which I determined to try. I commenced by giving three ounces at bed time, and repeated on the following morning; this was done two days in succession; and on the second morning a large seidlitz powder was given, with the effect of bringing away about twenty gall stones, varying in size from a filbert nut to a pea.

Curiously enough, although her stomach was exceedingly irritable, she did not vomit any of the oil. Her symptoms rapidly subsided after passing the gall stones, and she made a good recovery, and, so far as I am aware, has never ailed anything since.

I am quite convinced that had it not been for the olive oil she would have died from exhaustion.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE FIFTH MONTHLY MEETING was held in the Library of the Newcastle-upon-Tyne Infirmary, on Thursday, February 9th, 1882—the President (Dr. Eastwood) in the chair.

The PRESIDENT called the attention of members to the fact that the memorial which had been adopted at the last meeting, was on the table for signature.

PREVALENT DISEASES OF THE DISTRICT.

Mr. HENRY E. ARMSTRONG stated that one patient only had been admitted to the Fever Hospital during the month of January, a case of typhus; and that no deaths had occurred since the last return was made.

Dr. DRINKWATER stated that eleven cases of croup have occurred in his practice very recently.

Dr. GOWANS said he had lately seen several cases of infectious sore throat at Tyne Dock. They were highly infectious, and resembled diphtheria somewhat, but albuminuria was not a symptom.

Dr. ANDERSON said that a very severe epidemic of diphtheria had prevailed at Dudley Colliery for some months past. Its virulence had been so great that as far as three deaths had occurred in one family, and two in others. It had latterly abated considerably both in severity and extent. Small-pox had also unfortunately broken out at North Seaton, a colliery of which he had charge on the north bank of the Wansbeck. Eight cases had up to the present occurred, some of which were semi-confluent. No deaths had resulted, and every precaution had been taken to prevent the spread of the disease by means of strict isolation, disinfectants, and re-vaccination of the members of the families where cases existed. The owners, with praiseworthy energy and zeal, had placed at their disposal an excellent temporary hospital, consisting of three houses in an isolated part of the colliery, and several cases had already been removed there and were doing well. As an example of how epidemic disease is spread, an instance took place at another colliery, New Delaval. A person went to a neighbouring village for the purpose of competing in a foot race, and when he appeared on the "course" it was discovered by a large crowd of people that

he actually had the eruption of small-pox on his body. He did not run the race, but was immediately sent home where he was treated under his (Dr. Anderson's) care, and made a satisfactory recovery from a well-marked attack of discrete variola.

Dr. SERVICE stated that he had had an epidemic of scarlet fever at Boldon.

Dr. MEARS then gave his lime light demonstration:—The object of the demonstration was to show how the various pieces of apparatus employed might advantageously be used for teaching purposes. The objects shown were as diversified as possible, in order to bring out the capabilities of the instruments. The screen used was seven feet square, formed of tracing paper stretched between rollers, as suggested by Mr. Williamson. Three kinds of apparatus were exhibited: first, the asphengoscope, for the projection of solid or opaque objects, consisting of a small box, carrying a camera lens in front, and having a door at the back, opposite to the lens, for the introduction of the object to be shown; two other openings in front, to the right and left of the lens respectively, were used for the projection on to the object of the light from two lime-light lanterns. Thus, when the object was placed at proper focal distances from the lens a much enlarged image of the former was thrown upon the screen. By means of this arrangement the objects mentioned below were shown. Some of them were selected as being too small to be demonstrated upon to a class under ordinary circumstances, others as indicating how plates from books, small drawings, photographs, &c., might be substituted for the large and costly diagrams usually employed. The following were exhibited:—A watch, the surfaces of the astragalus, sections of the internal ear, calculus vesicæ in section, pencil drawing of section of eyelids in colours, pen and ink drawing in coloured inks of vascular supply of nasal cavities, crayon drawing on slate of section of eye-ball (image appearing as on black back ground), chemical apparatus from "Rosco's Chemistry," coloured plates of various regions and operations from "Heath's Operative Surgery," ophthalmoscopic appearances seen in atrophy of the disc, glaucoma, etc., from "Soelberg-Wells on Diseases of the Eye," and photographs of Infirmary patients. Secondly, the sciopticon, a greatly improved form of magic lantern, was used for the demonstration of transparencies, its chief advantages being its compactness, its wonderfully brilliant light, and more especially its arrangements for the placing of the objects and for focussing. The transparencies shown included, first, pencil drawings, pen and ink diagrams, and water-colour sketches on glass; next, photographs of plates from books, and of solid objects; and lastly, micro-photographs of crystals, &c. The drawing had been made

on finely-ground glass, which was afterwards rendered perfectly transparent by a coating of Canada balsam. It was indicated how, by the superposition of several slides of this kind, successive layers in our anatomical "region" might be shown separately or in combination and proper relation to each other. Diagrams, too, could be very quickly drawn on the glass, and were very hardy and portable. Thirdly, the lime-light microscope was exhibited, and a series of botanical and histological slides were shown under a half-inch objective. Dr. Mears expressed his great indebtedness to Mr. Dunn, M.Sc. of the College of Physical Science, for his very kind assistance in lending part of the apparatus and in personally superintending its working.

The PRESIDENT congratulated Dr. Mears on the success of his demonstration.

On the motion of Dr. PHILIPSON, seconded by Mr. HENRY E. ARMSTRONG, a hearty vote of thanks was accorded to Dr. Mears and Mr. Dunn for the trouble they had been at in preparing and carrying out the lime light demonstration.

Dr. MEARS thanked the members.

PATHOLOGICAL TRAY.

Mr. JONES showed for Dr. Hume (1.) A specimen of aggravated flat foot, and said: Four years ago the heel of patient's boot (right foot) was caught in a hole in a metal plate, causing patient to fall to the right, thus spraining the ankle. Since then patient had never recovered the free use of the foot, which had passed into the condition of talipes valgus. Repeated and persistent attempts were made to rectify the deformity by means of splints, specially prepared boots, &c., but the foot always returned to its faulty position as soon as patient began to go about. The foot had at last become painful, and was such an encumbrance to the patient that he desired its removal. Syme's amputation was, therefore, performed by Dr. Hume, January 24th last. Specimen showed marked inward dislocation of head of astragalus and scaphoid. (2.) A specimen of encephaloid cancer of breast in a woman, aged 71. Removed two years' growth. During first year tumour was small, of slow growth, and painless; but during last year the growth had increased rapidly, and given patient much pain. Tumour was very large, and presented two livid-looking fungating masses on its surface. There was no glandular enlargement. Amputation of breast performed by Dr. Hume, January 30th, 1882. Patient doing very well.

Dr. DRUMMOND showed the stomach of a young man, a stoker on a locomotive, aged 24, who was admitted into the Newcastle Infirmary in a collapsed condition from intense peritonitis. The following history was, with difficulty, elicited :—A few hours before admission into hospital, and whilst coaling his furnace, he was seized with a severe pain in his right side (right hypochondriac region). His condition from the first alarmed his friends, who brought him at once to Newcastle. There was an indefinite statement, when his previous history was enquired into, to the effect that he had suffered some pain after meals for about a month before the present attack. He lived for nearly three days after admission, the subject of intense abdominal pain. His condition was considered to be hopeless; he was treated with full doses of opium. The diagnosis arrived at was perforation, but whether of the stomach or the intestine it was found to be difficult to conclude. At the *post-mortem*, the peritonitis was seen to be most intense; a considerable quantity of oil—apparently castor oil—was found floating about on the top of the inflammatory exudation present. A perforation, which just allowed the little finger to pass through, was found in the stomach, very close to the pylorus. In the immediate neighbourhood of the perforation there was a good deal of thickening of the gastric wall, with some ulceration of the mucous membrane.

EXHIBITION OF PATIENTS.

Dr. GOWANS said: Mr. President, the patient I am about to introduce to your notice is an elderly woman, the mother of a large family. She has been under my observation for a little more than ten years, at the beginning of that time having consulted me concerning the disease from which she is at present suffering. At first sight her appearance would lead to the belief that she is the subject of some renal mischief, but a chemical and microscopical examination of the urine invariably demonstrated that excretion to be free from albumen, casts of the uriniferous tubes, or kidney debris. Further, Sir, there is an absence of those nervous and dyspeptic phenomena which are so characteristic of Bright's disease of the kidneys, and in their place the presence of mental and bodily torpor. Her movements are slow and awkward, her gait staggering; she walks well when she has the help of someone's arm, but without, fears falling. She says she cannot "fathom" her hands, and this tactile defect caused her to relinquish her business of grocer, as she could not pick the coin off her counter. She complains at all seasons of feeling cold, and her temperature is some degrees below the normal point. She is intelligent, but at times much depressed from these troubles. You will observe that she has lost almost all her hair

from her head, and that her face is much swollen, especially about the eyelids, with a translucent œdema which does not readily pit upon pressure. She has a bright red patch on each cheek while the rest of her face is colourless. There is a copious discharge from the nose of clear watery fluid. The lips are swollen, the articulation slow and indistinct, and the saliva trickles down the angles of the mouth while she speaks. Her skin is very dry and rough like sand paper. There is no chest affection. These symptoms, together with others that will be apparent so soon as the patient is before you, caused me to believe that I had something distinct from Brights' disease to deal with. A few weeks since some cases of a similar character were shown by Dr. Ord before the Clinical Society of London, and to them he gave the name "Myxœdema," which I have ventured to put on the notice paper to-night. He believes that there is a great increase in the interfibrillar mucin yielding cement of the stem and connective tissues which padding the touch corpuscles and nerve ends interferes with the ready reception of peripheral impressions. The brain thus receiving sensory stimuli slowly and imperfectly, falls into a state of increasing torpor. I am happy to state that my patient has improved during the past few months. The œdema is not so great. Her hair has partially regrown, and her general condition is better. There is nothing calling for special remark in the treatment. The patient latterly took strychnia and phosphoric acid.

Dr. DRUMMOND introduced—(1) a well-marked case of locomotor ataxia in a young man, just 24 years of age. The patient was a sailor, had suffered from syphilis, and had been very intemperate (according to his own statement he had not been a fortnight sober for the past twelve months). For the past ten or twelve months his legs had been almost constantly clothed in wet trousers. Eight months before admission to the Hospital, he began to complain of shooting pains down his legs; laterly these pains had become very severe, and his gait exceedingly unsteady. Several points of interest were noticeable in the case:—First, the early age of the patient and rapid development of the disease; second, the situation of the girdle sensation, or "tightness," viz., round the ankles; third, the condition of the fundus of the left eye, which showed well-marked syphilitic choroiditis (Dr. Drummond demonstrated this condition with the demonstrating ophthalmoscope); and fourth, the retardation of sensory impressions which existed—it frequently happened that a pin thrust into the leg was not felt until 23 seconds had elapsed. (2) A patient, aged 38, the subject of left hemiplegia, apparently due to a hæmorrhage into the right lenticular nucleus which occurred six weeks previously. Late rigidity was developing, and was attended by an enormous exaggeration of the "knee jerk;" on one occasion the quadriceps

femoris muscle was affected with clonic spasms, which caused violent jerking of the leg for *over seven minutes*: the patient was lying on his back, and the knee supported in a semi-flexed position by the hand when the tendon was struck. A forced supination of the patient's left hand caused clonic spasms of the pronator muscles. (3) A case of complete organic hemi-anæsthesia. The patient was a man of forty years of age, whose right side was partly hemiplegic (arm, leg, and face). He was aphasic; sensation was completely abolished on the right side; he suffered from intense headache on the left side; frequently vomited, and was the subject of well-marked double optic neuritis. The case was evidently one of cerebral tumour, and the lesion probably affected the island of Reil, extending up to the posterior part of the internal capsule on the left side.

Dr. OLIVER said: Mr. President and Gentlemen,—This man, who is aged 40, has a number of tumours scattered over the upper and outer parts of his arms and legs. There are eighteen of them, and they vary in size from a bean to a walnut. They are discrete, painless on pressure, of pretty firm consistence, seem lobulated, and the skin over most of them is freely moveable. He is now in the enjoyment of perfect health, as he always has been. Two years ago, he noticed the first tumour on his arm. He is a miner, and but for the discomfort which they cause him, he has always been able to follow his employment. A painful tingling in the skin precedes the appearance of the tumours. On admission, there was just the suspicion that the growths might be malignant, but the healthy look of the man, his good family history, the absence of external glandular enlargement, and the normal characters of the blood on microscopic examination were of themselves sufficient to erase the suspicion. Mr. Jones, the house-surgeon, at my request kindly harpooned one of the tumours, and the portion thus removed when submitted to microscopic examination was found to be composed entirely of large fat cells. The case then is one of multiple lipoma; and under the internal administration of iodide of potassium and arsenic patient has considerably improved.

Mr. WILLIAMSON said: Mr. President,—This humerus has been dissected out from an arm that I removed by amputation at the shoulder-joint a fortnight to-day. The patient, who is about 45 years of age, felt a severe pain in the arm more than a year ago, and after a few months a hard swelling was discovered in the middle of the arm, which very slowly increased in size. Three months before I saw her, her arm suddenly gave way when she was putting coals on the fire with a light scoop, and on examination the bone was found to be broken. A splint was applied, and kept on for three weeks, and I saw her for the first time soon after the splint was removed. She was suffering great pain. The

fracture was re-united, and the arm was powerless. At the middle of the humerus there was an ovoid swelling about the size and shape of a hen's egg. Considering the severe pain, its duration, the position and shape of the swelling, its slow growth, and the breaking of the bone when so little force was being applied—I arrived at the diagnoses of a tumour of the bone, probably malignant. I advised operation, and she placed herself unreservedly in my hands. Dr. Drummond administered the chloroform, and I cut down on the swelling to make sure of the diagnosis. It felt pulpy and granular, with little pieces of bone here and there, I proceeded at once to amputation at the shoulder-joint. The outside flap was made by transfixion, and the vessels were tied. Then, cutting along the bone on the inner side, Mr. Jones, who was helping me, took the axillary artery between his finger and thumb and held it until the inner flap was cut. The artery was then readily tied without hæmorrhage. The case was treated anti-septically, and it has been dressed five times. This morning I was able to remove the dressing, as the wound was healed. Dr. Drummond kindly had a section of the tumour made, and it proved, on microscopic examination, to be an alveolar sarcoma—a rare form of tumour, holding a place intermediate between the sarcomata and the carcinomata.



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